

COMMISSIONER FOR PATENTS  
Mail Stop Patent Application  
P.O. Box 1450  
Alexandria, VA 22313-1450

PATENT APPLICATION  
Date: October 16, 2003  
File No. 1115.68541



Sir:

Transmitted herewith for filing pursuant to  
35 U.S.C. 111(a), is the patent application of

Inventor(s): Kurihara et al.

For: PIEZOELECTRIC ACTUATOR AND  
INFORMATION STORAGE DEVICE

*I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.*

Oct. 16, 2003  
Date

David C. Brown  
Express Mail Label No.: EV032735269US

Enclosed are:

- (X) 31 pages of specification, including 7 claims and an abstract.
- ( ) an executed oath or declaration, with power of attorney.
- (X) an unexecuted oath or declaration, with power of attorney.
- ( )      sheet(s) of informal drawing(s).
- (X) 13 sheet(s) of formal drawings(s).
- ( ) Assignment(s) of the invention to                      and Assignment Cover Sheet.
- ( ) A check in the amount of \$              to cover the fee for recording the assignment(s).
- (X) Information Disclosure Statement, Form PTO-1449 and cited references.
- ( ) Claim for Priority and Priority Document.

**Preliminary Amendment**

- (X) Please insert the following between the title and line 1 of the specification:  
-- This is a continuation of International PCT Application No. PCT/JP01/03351, filed April 19, 2001.--

**Fee Calculation For Claims As Filed**

- |                                      |          |   |           |   |          |  |
|--------------------------------------|----------|---|-----------|---|----------|--|
| a) Basic Fee                         |          |   |           |   |          | \$ 770.00                                  |
| b) Independent Claims                | <u>2</u> | - | <u>3</u>  | = | <u>0</u> | x \$ 86.00 = \$ <u>0</u>                   |
| c) Total Claims                      | <u>9</u> | - | <u>20</u> | = | <u>0</u> | x \$ 18.00 = \$ <u>0</u>                   |
| d) Fee for Multiple Dependent Claims |          |   |           |   |          | \$ 290.00 = \$ <u>290.00</u>               |
|                                      |          |   |           |   |          | <b>Total Filing Fee \$ <u>1,060.00</u></b> |
- ( ) Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$
  - (X) A check in the amount of \$ 1,060.00 to cover the filing fee is enclosed.
  - ( ) Charge \$              to Deposit Account No. 07-2069.
  - (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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